

Oban's 1st Steps Day Nursery Ltd. Day Care of Children

61 Croft Road
Oban
PA34 5JL

Telephone: 01631 567 491

Type of inspection:
Unannounced

Completed on:
24 July 2025

Service provided by:
Oban's 1st Steps Day Nursery Ltd.

Service provider number:
SP2003000659

Service no:
CS2003003167

About the service

This service registered with the Care Inspectorate on 01 April 2011. The service provider is Oban's 1st Steps Day Nursery Ltd.

Oban's 1st Steps Day Nursery Ltd. is a daycare of children service. The service operates from their own building and dedicated outdoor spaces within the nursery grounds, in a quiet residential area of Oban. The service operates throughout the year.

1. To provide a care service to a maximum of 61 children not yet attending primary school at any one time

- no more than 12 are aged under 2 years;
- no more than 17 are aged 2 years to under 3 years and;
- no more than 32 are aged 3 years to those not yet attending primary school full time.

About the inspection

This was an unannounced inspection, carried out by two early learning and childcare inspectors, which took place on 22 and 23 July 2025. During the inspection eight children were aged under 2 years, 11 children were aged 2-3 years and 10 children were aged 3-5 years. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Observed practice and daily life.
- Spoke with children using the service.
- Reviewed documents.
- Spoke with management and staff.
- Sent online questionnaires to parents/carers to gather their views and feedback.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Children were experiencing warm nurturing care and support.
- Staff knew children well, had formed strong attachments with them and engaged sensitively with them to reassure and support their play.
- Children enjoyed a positive, nurturing lunchtime experience.
- The manager and staff were committed to the ongoing improvement and development of the service and recognised children's personal plans needed to be further developed, to achieve the best outcomes they could, for children and their families.
- Robust quality assurance processes and risk assessments need to be fully developed and implemented.
- The service had a dedicated staff team who communicated and deployed themselves well to support transitions, supervise play experiences, and respond to children's needs, contributing to positive outcomes for the children and their families.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children were experiencing very warm, caring and nurturing interactions with staff. Staff knew children well and had formed strong attachments with them. They had developed trusted and loving relationships with them to nurture, support their wellbeing and help them feel valued, safe and secure. A parent commented; "[My child] loves the people who look after him/her and really looks forward to going to nursery every day!" Children were happy and settled and confident about approaching staff for help, who were respectful of children's dignity, for example when meeting their personal care needs. Staff engaged sensitively with children to reassure and support their play, encouraging them to make choices, share, follow their interests and promote friendships. Parents commented on their child's behalf; "I have good friends I like playing with. I like playing outside and listening to stories" and "I love exploring the sensory play, going on adventures to the woods or beach, climbing and building with the magnetic tiles."

Children had access to quiet areas suitable for them to sleep or rest. Staff explained how sleep routines were tailored to children's individual needs and respected parents wishes, following current best practice, to ensure their wellbeing and emotional security was protected. A parent told us; "The staff have always been very good about this and have always accommodated my child's sleep needs." Another parent commented; "I am always able to express to staff if I feel my child that day may need a nap or a bit of quiet time. Staff provide my child with a space to relax and rest away from others." At different times throughout the day, we observed children resting comfortably and being monitored while they slept.

Children enjoyed a very positive lunch time experience with a nutritious, home cooked meal that was nicely prepared and presented. Parents commented; "There is a great food menu, and the recent changes to afternoon snacks are brilliant" and "If there is something on the menu my child doesn't like they are always offered an alternative." They received warm and nurturing support from staff who were attentive to their needs. Support was offered and given when initiated by the child, with choice and independence promoted at all times. For example, the older children were encouraged to self-serve, practising their fine motor skills with tongs and using cutlery, given choice where they would like to sit and followed a routine of washing their hands and clearing away their plates after use. The environment was unhurried, relaxed and sociable. Staff sensitively supported children with food allergies and intolerances with a clear procedure that protected children's rights to dignity, equality and inclusion.

Children's personal plans contained relevant core information about children's individual needs and preferences. Staff were recording information to support children's health, welfare and safety needs. There were comprehensive records in place for the very young children. We discussed going forward how this approach should be implemented for all the children to ensure a consistent approach to documenting children's needs and how these will be met. Recording methods and formats should be further developed and consolidated with a focus on more detailed support strategies and next steps linked to clearer progression pathways. (See Area for Improvement 1).

The service was communicating with parents through regular conversations, meetings with staff and other professionals who may be involved in a child's care and support. For example, the health visitor and speech and language therapist. A parent commented on how well staff knew children and "the time they generously afford parents to share information, discuss needs and next steps."

We sampled administration of medication forms and the storage of medication and found these had been recently updated to ensure they were following current good practice guidance 'Management of Medication in Daycare and Childminding Services'. Management confirmed they would continue to review this on an ongoing basis as part of their quality assurance procedures.

Quality indicator 1.3: Play and learning

Children were having fun and enjoyed self selecting and seeking out resources that captured their interest, imagination and natural curiosity. Staff knew the importance of supporting children to explore their ideas and build on their interests with outer space and sea creatures being particular favourites. They also enjoyed a range of experiences outdoors that promoted their health, wellbeing and sense of adventure. A parent commented; "There is always a range of experiences that the children can participate in, the staff are great at arranging activities and getting the children involved. They often do painting and sensory play."

Children were happy, eager to play and engaged well with the play and learning experiences on offer. For example, discovery play, role play and messy play. Staff were supporting children's play and learning through sensitive, high quality interactions, using their skills, knowledge and expertise, to extend children's thinking, help widen their skills and develop their curiosity and creativity. Staff knew the importance of carrying out observations to support and develop natural curiosity, a sense of wonder and progression in children's play and learning, through promoting independence and offering challenge. A parent told us; "I have had [XXX] children in the nursery who are very unlike and have had really positive experiences and opportunities to develop the individual skills they need, as well as pursue their very individual interests, due to skills of the practitioners."

Planning approaches had been developed for the very young children that were child centred and responsive to their needs. Staff recognised this approach needed to be more firmly embedded for all the children, with next steps for children's learning identified through more meaningful evaluations of observations. Moving forward, planning should aim to capture children's individual needs and interests, as well as supporting the opportunities required to meet their next steps. This would ensure that all the children have valuable play and learning experiences that support them to reach their full potential. (See Area for Improvement 2).

Areas for improvement

1. To support children's wellbeing, development needs and progress, personal plans should be further developed and consolidated with a focus on more detailed support strategies and next steps linked to clearer progression pathways.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To support children's play and learning and enable them to achieve their full potential, management and staff should:

- Review and further develop their approaches to child-centred planning, by ensuring appropriate levels of challenge and depth in play and learning that supports children's curiosity and creativity and enables them to lead on their play and learning.
- Consider how individualisation is captured within planning. In addition, planning should be closely linked to observations in children's profiles where meaningful next steps should be recorded. These should be monitored to ensure consistent quality of written observations.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our setting?

3 - Adequate

We made an evaluation of adequate for this key question. While strengths had a positive impact, key areas need to improve.

Quality indicator 2.2: Children experience high quality facilities

The nursery had a secure door entry system and an arrival and signing in procedure in place. The playrooms were clean, well ventilated with plenty of natural light. Furniture was child sized and there were areas with soft furnishings for relaxation and comfort. Children had opportunities to choose from a range of resources with space to play in small groups and by themselves. There were sufficient chairs for children to be seated together during lunch.

The outdoor spaces provided opportunities for risky play enablement through climbing, balancing and building with natural materials and some loose parts play resources. This was supporting children's independence, awareness of risk and sense of responsibility to promote their curiosity and imagination, their sense of wellbeing, wonder and adventure through open ended materials and loose parts play. During the inspection, we observed that the outdoor environment had been well used. The decking area, which had become unsuitable for use, was being removed, demonstrating the team's commitment to maintaining a safe and accessible space for children. Staff were in agreement that several resources were now due for replacement, and a review of plant life was advised to ensure children's continued safety. (See Area for Improvement 1).

We were able to see that dynamic risk assessments were in place for outings and a selection of resources. A comprehensive risk assessment should now be developed for the whole setting that reflects the current facilities and includes all aspects of the environment. Management agreed as a live working document it should be accessible to all staff and shared with parents and children as appropriate. (See Area for Improvement 1).

Facilities to support children's personal needs were respectful of children's privacy and dignity. Staff and children were practising appropriate infection prevention and control practice. For example, children were encouraged to wash their hands on returning from outdoors and before eating, staff monitor this to reduce spreading infection.

Areas for improvement

1. To ensure appropriate arrangements are in place for limiting the risk of harm to children, a risk assessment specific to the whole setting should be developed. This should be shared in a way that is appropriate and regularly reviewed to ensure it remains relevant and in line with current guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"My environment is secure and safe". (HSCS 5.17).

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. While strengths had a positive impact, key areas need to improve.

Quality indicator 3.1: Quality assurance and improvement are well led

The service submitted an action plan to us in May 2025. We were satisfied they had met all the requirements and areas for improvement made since the last inspection. (See the outstanding requirements and areas for improvement section of this report).

We acknowledge the challenges the setting had faced with recent changes to management. The staff team participated well during the inspection process, engaging knowledgeably in discussions about their practice and the leadership roles they would like to take forward. They were committed to the ongoing improvement and development of the service to achieve the best outcomes they could for children and their families, demonstrating a commitment and capacity for improvement.

The service was in the early stages of establishing processes for self-evaluation to critically reflect on their work, through staff meetings, day to day discussions and reflections on children's experiences. We would encourage the service to use the feedback following inspection, in conjunction with 'Realising the Ambition' and the Care Inspectorate: 'A quality framework for daycare of children, childminding, and school aged childcare', as tools for further development of self-evaluation and improvement; with high quality play placed at the heart of their improvement planning. This would further strengthen the positive impact on outcomes for children and families.

Management had begun to put quality assurance processes in place to ensure that the quality of the service was monitored and assessed in a focussed and meaningful way. For example, accident and incidents were being recorded and shared with parents with a monthly audit underway to track any recurring incidents and identify any areas for action. In addition, management planned to create a quality assurance calendar to track the evaluation of all aspects of practice and staff development. Management acknowledged to support and sustain continuous improvement throughout the service robust quality assurance processes need to be fully developed and implemented. (See Area for Improvement 1).

Staff were working hard to communicate and engage with families. Parents were given regular updates on their child's development and learning through daily conversations and planned consultations. For example, parents told us:

"Staff make themselves available to you at all times and are friendly and approachable. It is clear through conversations that they know children in depth and individually. They are very eager to work with the parent and take on board ideas that are working at home as well as sharing freely those that work within the nursery."

"There are regular conversations both at drop off and pick up in regards to my [child]. There is also the messaging feature that is used often on the family [online] app to update staff about anything which I may have forgotten to let them know."

Areas for improvement

1. To support and sustain continuous improvement throughout the service, management and staff should implement robust systems to monitor and evaluate all aspects of their service delivery.

This is to ensure management and leadership is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

The setting was appropriately staffed to meet the needs of the children attending. We observed staff deploying themselves effectively throughout the day, to support transitions, supervise play experiences, and respond to children's needs, contributing to positive outcomes for the children and their families. Children were benefitting from a nurturing, dedicated, and responsive staff team. A parent told us; "My child loves their time at nursery, great care and attention from staff, a friendly fun filled atmosphere".

Staff consistently demonstrated warmth and care in their interactions, fostering a positive and supportive environment. A parent said; "[My child] just adores the [staff] in the XXXX room he/she is thriving with their care. Nothing is ever too much and they always welcome me in if my [child] wants to show me something... I'm often welcomed in to sit with him/her at snack time." They spoke positively of teamwork, and the good relationships being fostered within the team. Staff were keen to develop their leadership roles and responsibilities. The provider/manager was working hard, giving careful consideration to recent staff changes and recruitment to support and develop a good skills mix within the staff team. Another parent commented; "We are completely confident that [our children] are being well cared for and loved at 1st steps."

Staff were flexible and responsive to children's needs and felt well supported by the provider/ manager. A positive atmosphere of mutual trust and respect was promoting a happy, secure and supportive environment for children and their families. A parent commented; "Our experience of First Steps and the professionals working within it has been extremely positive. Our [child] has gained so much confidence, joy and resilience through the care and learning there."

Staff engaged well in the inspection process and were open and honest. They were all registered (or in the process of registering) with the Scottish Social Services Council (SSSC) and committed to their ongoing professional development.

Regular team meetings were in the process of being re-established to enable staff to talk about their work, practice issues and discuss children's learning and progress. Going forward, these meetings would provide valuable opportunities for staff to reflect on practice, share ideas, and drive improvements.

The manager and depute intended to further develop staff skills and knowledge through the implementation of the 'National Induction Resource'. We would also suggest staff would benefit from regular individual support and supervision sessions, in addition to their annual appraisals to support their wellbeing and ongoing professional development.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 5 May 2025, the provider must make proper provision for the welfare and safety of children. To do this, the provider must, at a minimum: ensure that:

- a) a 'Protection of Vulnerable Group' membership or scheme update has been sought prior to staff commencing employment in the service.
- b) two references are returned prior to staff commencing employment in the service.
- c) the Scottish Social Services register is checked to evidence staffs fitness to practice.

To be completed by: 05 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 4.24: I am confident that people who support and care for me have been appropriately and safely recruited.

This is in order to comply with:

Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 /210).

This requirement was made on 29 January 2025.

Action taken on previous requirement

An audit of four staff files confirmed satisfactory procedures were now in place.

Protection of Vulnerable Group membership or updates along with two references were in place prior to staff starting. There were also processes in place to check staff professional registrations with the SSSC ensuring their fitness to practice.

Met - within timescales

Requirement 2

By 5 May 2025, the provider must make proper provision for the health and welfare of children. To do this, the provider must, at a minimum: ensure that:

a) at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

To be completed by: 05 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

This is in order to comply with:
Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This requirement was made on 22 January 2025.

Action taken on previous requirement

An audit of the service register and staffing rotas were sampled over four days which verified that staffing ratios were being met. Observations carried out on the day we inspected also confirmed the setting was appropriately staffed to meet the needs of the children attending. (See quality indicator 4.3: Staff deployment).

Met - within timescales

Requirement 3

By 5 May 2025, the provider must make proper provision for the health and welfare of children. To do this, the provider must, at a minimum ensure that:

a) procedures are put in place for the developing, sharing and reviewing of children's care plans in partnership with parents.

b) care plans include sufficient detail to ensure children's individual needs are fully understood and detail how children's needs can be met.

To be completed by: 05 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

This is in order to comply with:

Regulation 5(2)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 /210).

This requirement was made on 22 January 2025.

Action taken on previous requirement

Seven personal plans sampled across all age ranges confirmed each child had an updated care plan in place that had been recently reviewed in partnership with parents. Plans contained sufficient detail to meet children's ongoing needs and had been shared with parents through the service's online family app with an updated paper copy also available for them to view. (See quality indicator 1.1: Nurturing care and support).

Met - within timescales

Requirement 4

By the 5 May 2025, the provider must make proper provision for the health and welfare of children. To do this, the provider must, at a minimum: ensure that:

- a) written consent from parents is obtained and recorded prior to any medication/supplement being given to a child.
- b) accurate records are maintained of all medications/supplements administered to children which details: the dosage given, the time the medication/supplement was given and the name of the employee responsible for administering the medication/supplement.

To be completed by: 05 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011 (SSI 2011 /210).

This requirement was made on 22 January 2025.

Action taken on previous requirement

We sampled administration of medication forms and the storage of medication and found these had been recently updated to ensure they were following current good practice guidance 'Management of Medication in Daycare and Childminding Services'. Records viewed on the service's online family app confirmed best practice protocols were being followed. A paper copy for parents to sign once complete was also being considered to further strengthen the process. (See quality indicator 1.1: Nurturing care and support).

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should improve communication methods with parents. To do this, the provider should support staff to regularly record children's development, progress and learning and ensure this information is routinely shared with parents.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 29 January 2025.

Action taken since then

Children's personal plans were now being regularly updated by staff and shared with parents using the service's online family app. (See quality indicator 1.1: Nurturing care and support).

Previous area for improvement 2

The provider should verify that the service's nappy changing policy and procedure is being followed. To do this, regular monitoring should be carried out to confirm that children are being changed frequently. Staff should also be supported in recording nappy changes accurately.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 29 January 2025.

Action taken since then

The action plan submitted to us in May 2025 stated: 'Nappy changing records are updated on laminated charts in the changing areas and recorded on the family app when staff log in to update. Senior staff in each room [are] to ensure regular changing is carried out. Photo records of laminating charts to be kept daily on room iPad.'

This was confirmed at inspection through observations, discussions with staff and records viewed.

Previous area for improvement 3

The provider should monitor staff communication and record keeping in relation to accident and incidents involving children. To do this the provider should ensure staff receive further guidance on the need for all accidents/incidents to be accurately recorded and communicated to parents.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 29 January 2025.

Action taken since then

Robust record keeping is now in place. Accident and incidents were being recorded and shared with parents with a monthly audit underway to track any recurring incidents and identify any areas for action. (See quality indicator 3.1: Quality assurance and improvement are well led).

Previous area for improvement 4

The provider should ensure that young children have regular opportunities to access outdoor activities and visits within the local community. To do this the provider should ensure that daily routines and staffing arrangements are reviewed to facilitate opportunities for younger children to experience outdoor activities/visits and reflect on ways to embed outdoor experiences into the curriculum to enhance children's learning and enjoyment.

This is to ensure care and support is consistent with Health and Social Care Standard 1.32: As a child, I play outdoors every day and regularly explore a natural environment.

This area for improvement was made on 22 January 2025.

Action taken since then

During our inspection we observed children of all ages enjoying a range of outdoor experiences with risk benefit assessments in place for trips and outings into the local community. Discussion with staff and photographs viewed on the service's online family app confirmed children were regularly benefitting from outdoor play experiences that promoted their health, wellbeing and sense of adventure. (See quality indicator 1.3: Play and learning and quality indicator 4.3: Staff deployment).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.